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ABSTRACT

The handbook is designed for community professionals and lay people concerned with child abuse and neglect. Information is presented on six topics: community organizing and community participation in planning for the protection of children, coordinating existing resources and developing a team treatment approach, developing an effective link between the social welfare and the public school systems, helping families through friendship and emotional support, developing ways for families to help families, and preventing abuse and neglect through education. A final section lists resource publications, programs and organizations. (CL)

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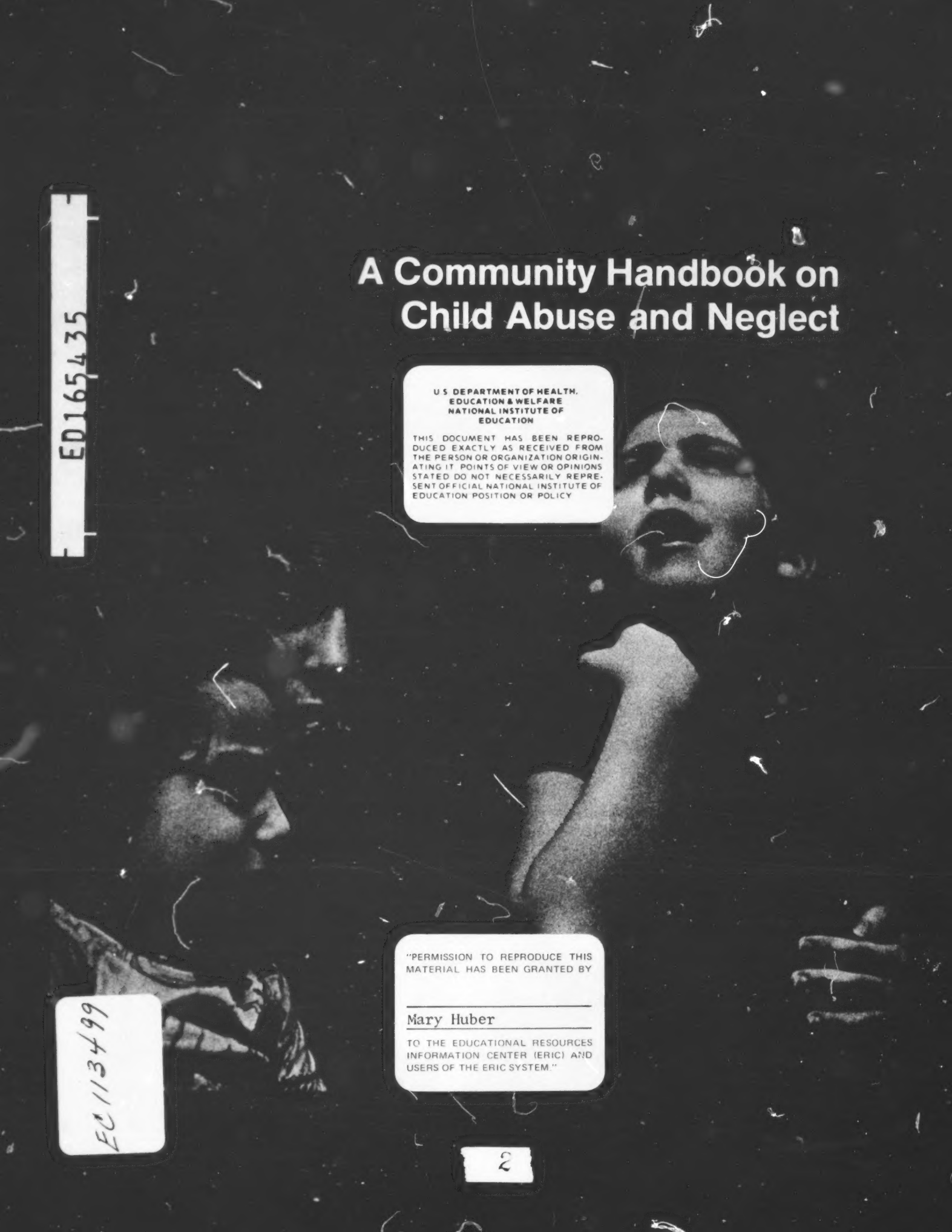
A Community Handbook on Child Abuse and Neglect



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A Community Handbook on Child Abuse and Neglect

from the Family Life Development Center

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Child Abuse: Who is Responsible?

*John Doris**

New laws in all states require formal reporting of incidents of child abuse and neglect. The main effect of these laws has been to uncover a hidden epidemic of maltreatment of children by their families: over a quarter million reports a year and more than 2000 deaths. In 1977 in New York State alone, nearly 75,000 children were reported as victims of some form of alleged abuse and neglect.

The law is narrow in its definition. Abuse in New York is limited to serious physical injury (or substantial risk of such injury) and sexual abuse at the hands of the parent or someone acting in the parent's role. Neglect includes the withholding of necessary food, clothing, shelter, and educational opportunities, or other forms of inadequate care and supervision that might lead to endangering the child's well being.

*Director, The Family Life Development Center, and professor, Department of Human Development and Family Studies, N.Y. State College of Human Ecology, Cornell University, Ithaca, NY.

Under the law, the burden falls on the parents and on the welfare system to provide for remediation. But the parents and the system both have inadequate resources to assure the protection of the child or prevent a new generation from emerging that is any less abusive than our own.

What is needed is a response at the community level: a degree of caring we have failed to sustain in our society. By general agreement, we know that parenthood is no easy task. Many child care specialists — including child protective workers responsible for helping abusive families — attest that maltreated children do not get much more than medical attention for the deep injuries they endure.

This Community Handbook is designed for people who care about families. Drawn from the experience of the Family Life Development Center and the work of hundreds of professionals and laypeople in dealing with child maltreatment at the community level, this handbook is meant to give those who care a basis and a method for responding to the problems of abuse and neglect in the local setting.

It is organized in seven components:

- Community organizing and community participation in planning for the protection of children.
- Coordinating existing resources and developing a team approach for assisting families and children caught in the web of maltreatment.
- Developing an effective link between the social welfare system and the public school system that cares for children when they are away from their parents.
- Helping families through friendship and emotional support.
- Recognizing how maltreating families are able to help themselves through parents anonymous programs and agency-connected parent-child associations.
- Preventing abuse and neglect from occurring by educating young children, adolescents, and parents alike to the roles and values of childrearing and the best ways of helping children grow.
- Extending to the caring community the growing array of resources (informational, human, and organizational) that are available from a variety of outlets.

The Community Handbook encapsulates some of the findings of a three-year resource demonstration project executed by the Family Life Development Center under a grant from the Department of Health, Education, and Welfare. The Center, housed in the Department of Human Development and Family Studies at the N.Y. State College of Human Ecology, at Cornell University, was established by the N.Y. State Legislature to provide technical assistance, research, teaching, and continuing education aimed at improving the well being of families and children. In meeting this purpose, the Center exists as a resource to agencies and communities. Through the research, teaching, and extension faculty at Cornell, and through the network of Cooperative Extension in 56 counties and the five boroughs of New York City, the Center conducts supportive programs under contracts and funding from community, county, state, and federal sources.

For informational resources from the Center, contact The Resource Exchange, the Family Life Development Center, MVR Hall, Cornell University, Ithaca, N.Y. 14853.

For information on how to obtain assistance for your own community's programs, contact The Director, the Family Life Development Center, MVR Hall, Cornell University, Ithaca, N.Y. 14853.

I: Community Organizing and Planning

Community Task Forces — A Grass Roots Response to Child Abuse and Neglect*

Frank Barry†

Too often the public response to a serious social problem is to demand legislation, place responsibility for the solution in a public agency, and then drop back into complacency, content that the problem has been solved. Such a response to child abuse and neglect is simplistic, naive, and inadequate. In New York, for example, state law designates the Department of Social Services (DSS) as the responsible agency but no local DSS agency has provided all the services required by abusing or neglectful families.

This has not been entirely the fault of the local social services department. With the passage of New York's Child Protection Act in 1973, local agencies focused on investigating calls and, when necessary, taking emergency action. Consequently, the development of long-term services for families did not command the same urgency as emergency situations, and, in light of New York State's fiscal crisis, probably could not have been supported.

Most communities have developed procedures for investigating hotline reports of child abuse and neglect in recent years. It does little good, however, to report and investigate cases, or even to remove a child temporarily from the family, if other services do not help the family solve the problem. The challenge communities face is to provide the needed services in a time of tight budgets.

In New York, more and more communities are demonstrating that solutions can be found. A task force, made up of representatives from a cross-section of local agencies, civic and service groups, and concerned individuals, is one way of dealing with the problem. While one agency may be limited in funds and staff, the task force can pool and coordinate a variety of community resources.

In New York more than 600 people representing at least 200 agencies have been meeting regularly in 35 of the state's 57 counties, many with the help of Cornell's Family Life Development Center, to improve community response to child abuse and neglect. Parents Anonymous chapters, interdisciplinary consulting teams, visiting friend (parent aide) programs, training programs for Child Protective Service workers, speakers' bureaus, and public awareness conferences have developed.

These groups consist of people representing local agencies and organizations concerned about children. They consider themselves action groups, and their goals normally include generating change in their communities — usually by coordinating existing services and developing new services.

Generally, task forces do not operate new services; their committees work to find existing groups or agencies willing to offer the services. Knowledge about funding sources and program development is pooled. New services start faster when one agency does not try to develop them alone. Some task forces have stimulated private funding, which is virtually inaccessible to public agencies. Most have avoided expensive new services; they frequently use volunteers or nonprofessionals.

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*Adapted from Human Ecology Forum Vol. 8, No. 4.

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Guidelines for Forming a Child Abuse and Neglect Task Force

1. Identify organizations, agencies, and groups to be represented.

Besides the Department of Social Service's Child Protective Unit, task force members should represent other agencies with mandated reporters and those providing treatment and supportive services. They should also include civic or church groups with an interest in children and families.

2. Get a commitment, preferably written, from the heads of organizations and agencies.

The task force should not be organized "underground." A favorable endorsement from heads of existing organizations will encourage agency representatives to participate freely. First-hand reports as well as newsletter or newspaper articles about task forces elsewhere can help sell the idea to agency directors.

3. The first meeting should:

- Provide information about child abuse and neglect, about the community's response to it, and about the task-force approach.
- Build enthusiasm by describing other successful task forces and demonstrating that many in the community are concerned and willing to act.
- Build individual commitment by getting people personally involved and making their opinions count.

4. To accomplish all this:

- Begin with a brief written statement of why we called this meeting.
- Include a description of what task forces are, what they have done elsewhere.
- To encourage everyone to participate:

Place chairs in a circle (if fewer than 40). You can set a positive tone early by asking everyone to say why they came to this meeting. Plan to allow at least half the time for group discussion rather than presentations. Throw out a question and ask everyone to respond, going around the circle. If the group is large (more than 20) break into groups of 8 to 12 for discussion.

- You may encourage good discussion by asking questions like:

How do you see child abuse and neglect in this community? What does this community need to respond better to child abuse and neglect? Have groups post responses to the last discussion question (above) on newsprint, so they can be typed up and given to all participants later.

- Feedback:

People will get bored if each small group reads its list. Instead post all lists, and invite small group members to share spontaneously the most important thing they got from their discussion. Then ask the total group to identify common threads.

5. Define objectives and set priorities (at second or third meeting).

The lists from the first meeting will form the basis for setting goals. From the general concerns recorded, the group must develop a list of specific projects,and then set priorities. An ad hoc committee can combine the concerns from newsprint onto one list, but the whole group must rank them. Focusing on "specific changes you'd like to see in this community during the coming year" will help. In setting priorities the group should identify not only what is most important but also what is most achievable.

6. Form committees to carry out specific projects.

7. Develop leadership in the group. Often this is difficult. It may help for the group to discuss the kind of leadership it wants But sometimes no one seems willing to lead. Co-chairpersons, temporary, or rotating chairpersons are possible solutions. A nominating committee can help to select the person.

8. Develop an organizational structure.

By-laws and an organization chart aren't usually important initially, but they often become so as the group develops. Some task forces in New York State have working committees with a steering committee made up of people from the working committees. A temporary "structure committee" may be set up to develop the structure and by-laws.

9. Develop legitimacy and a working relationship with community power structure before you ask them for money!

Collaboration and support from the community power structure are crucial. Figure out whose support you will need to get your projects going. Invite key people to serve on the task force, to attend meetings or to speak at a function. Ask them for advice when you need it. Thank them when they help.

Several task forces have been officially appointed by the local legislature. This helps even when it's after the fact.

10. Develop public visibility.

Media exposure helps provide needed public support — new members, volunteers, financial contributions, and clout. Some groups have invited reporters to attend meetings and even to join as members. Others have established public relations committees to work with the media.

11. Think twice about fund raising.

Money always helps, but fund raising for the task force itself should not divert to much energy from the main goal of developing new projects. Often the county social service department will absorb the cost of meeting notices and mailings. Groups wanting to be independent may

pay such costs through membership dues instead. Service clubs often donate, too.

While some groups have raised money for films and educational materials, others have gotten libraries or schools to purchase these and make them available. Some of the most successful groups have raised thousands of dollars; others equally successful have raised no money at all. Instead they have persuaded existing agencies to develop new projects.

12. Provide information for members.

Speakers and films can be used to inform members. This is very important but it should not postpone action or hard decisions for long. A task force that becomes a study group will lose its most dynamic members.

The role of the organizer is important. An organizer builds a stronger group by asking questions rather than making statements, by suggesting several solutions rather than one, by suggesting procedures rather than outcomes. Once a group has developed its own leadership, the organizer's role often becomes less critical.

Some Pitfalls

- Neglecting to involve or at least advise key people in the community about the task force.
- Spending months trying to define a purpose
- Starting a study that takes a year and precludes decisions or action.
- Becoming preoccupied with organizational structure.
- Developing beautiful plans but neglecting to assign responsibility for carrying them out.
- Neglecting to assign deadlines.
- Failing to deal with issues such as group leadership, agency turf, extent of DSS involvement, and so forth.
- Turning into a discussion group rather than an action group.
- Failing to develop a process of self-evaluation.
- Losing sight of the children the group is supposed to help.

Task Forces are a logical, perhaps inevitable, response to the shrinking dollar. Public agencies are forced to look for community help because they do not have the funds to do everything themselves.

Task forces generate a ***community-wide*** *response to a social problem. They focus on community needs as a whole rather than on the programs of a single agency. New or improved services frequently result.*

The task forces operating today may dissolve after they have accomplished their goals, they may set new goals, or they may move into entirely new areas. In any cases they will serve as a precedent for solving other complex social problems in every community where they have been effective in reducing child abuse and neglect.

The Annual Plan for Child Protective Services and Community Participation*

Mary Hubert†

In passing the New York State Child Protection Service. Act the state legislature sought to provide a mechanism that would help local protective service departments established a well thought out and coordinated response to child abuse. The law requires that every year, each country Department of Social Services prepare and submit to the State Commissioner of Social Services a plan for providing child protective services. To develop this plan the local law enforcement agencies, Family Court, and appropriate public or voluntary agencies must be consulted and a public hearing held to give interested parties an opportunity to be heard. The plan must describe the department's implementation of the 1973 Child Protective Services Act, including the organization, staffing, mode of operation, and financing of the child protective service and provisions made for purchase of service and interagency relations.

In one model county, protective services maintains a close relationship with members of the community throughout the year, treating planning as a day-to-day process that is then formalized in the annual plan. A team of consultants composed of a representative of the community and the fields of law, medicine, and social services meets with protective services every two weeks and is also available as needed. The consultants may review cases where: emergency removal of a child has occurred; removal is being considered; specific areas of expertise are needed in making ongoing case plans or deciding

*Based on *Family Life Developments*, No. 5, 1976.

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to close a case; or, consideration is being made to bring abuse/neglect charges through family court. Agencies, professionals, or mandated reporters involved in cases under discussion are also represented at these meetings.

This approach has served the community well. A very interested group met and focused on several areas: coordination with local physicians; the need for parent aides; and, the desirability of placing a parenting-skills curriculum in the local schools. In order to assure prompt action on these issues, a child abuse and neglect task force was formed with membership open to the general community. The task force works to implement improvements in the present system. Its increasingly sophisticated knowledge of child protection will be an important source for formulating successive annual plans.

Another county relies on an identified group within the community to act in an advisory capacity to review the previous year's plan and to identify problem areas and solutions. Set up as an Advisory Committee its membership includes law enforcement agencies, the district attorney's office, the Family Court, schools, hospitals, public and private social and mental health agencies, and other county departments. The committee is asked to consider not only what protective services can be improved, but also what the community agencies can contribute by way of services, improved coordination, or education.

The committee met twice to review the annual plan, resulting in a new policy on expungement and a creation of a new staff position: liaison between CPS (Child Protective Services) and Family Court. The plan also articulated problems with regulations regarding the use of Medicaid funds and purchase of service, and the effects of Title XX on the program. These issues became major points of discussion at the public hearing.

Preparation of the annual plan in a third county also proceeds throughout the year; as problems reveal themselves, they are noted by CPS staff for inclusion in the plan. But the major advisory function for the community comes through those required by law to report on suspected maltreatment of children. Over 500 letters are sent to this group — individually and through their institutions and agencies — before the forumlation of the plan. One of the suggestions received from this group was to hold the annual hearing before the county's budget hearings to prevent uninformed financial decisions.

New York is the first state to *require* an annual plan. Properly used, planning is a valuable process for gaining community understanding and support. Accordingly, the State Department of Social Services is developing a manual on community involvement in planning.

II. Teamwork and Coordination

Interdisciplinary Consultant Teams*

Frank Barry

In many counties the local Departments of Social Services (DSS) have drawn together physicians, child development specialists, social workers, mental health workers, and other professionals to form consultant teams. These teams help Child Protective Services (CPS) make decisions on difficult and serious cases and help to develop coordinated plans of services and achievement for families.

In one county the deputy commissioner of Social Services called together 10 professionals from various agencies to discuss the formation of a task force on child abuse and neglect. This group selected three priority areas for the coming year, including the formation of a consultant team to coordinate services. The first consultant team meeting took place less than six weeks later.

How did it happen so quickly? At its first meeting the task force appointed a committee to develop the interdisciplinary team concept. This committee proposed that an interdisciplinary team core group should serve as a forum (a) where all pertinent information could be assembled and examined by concerned professionals in order to develop the most sound diagnosis and judgments possible; (b) where a concerted effort could be developed and launched in cases of abuse or serious neglect; and (c) where communication problems between individuals and/or agencies could be alleviated.

A consultant team may follow one or some combination of three distinct models:

1. The Child Protective Service Support Team. A group of outside professionals meets regularly with the CPS staff to give advice about a particular case that is troubling the CPS unit. Usually the team considers a family only once. This team may or may not include professionals actually working with the family. It offers the child protective unit an opportunity to bring in outside perspectives to particularly difficult situations.

2. The Crisis Team. An interdisciplinary team of professionals well versed in child abuse and neglect meets when abuse is suspected in order to pool and evaluate available information. It makes three critical decisions. Does the case look like child abuse? Is the home safe for the child? What immediate steps should be taken? The crisis team concept has been pioneered and publicized by Drs. Kempe and Helfer (see resource section). Often it has been initiated by a hospital rather than a social services department. It usually includes a physician, nurse, hospital social worker, psychiatrist, child protective worker, and others who either know the family or are knowledgeable about child abuse and neglect. A lawyer is often involved to help clarify legal issues for the team.

Normally, the crisis team will consider a particular family only once. However, as teams become more established they may take on some of the case management functions described below. Crisis teams have operated in Denver, Pittsburgh, and Syracuse for several years.

3. Case Management Team. This team works with the family on a long-term basis. In addition to the CPS worker, it includes representatives from other agencies directly involved with the family. Some communities feel strongly that the parents should participate on these teams. This often results in each family

*Based on *Family Life Developments*, No. 7, 1977.

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having its own team, made up of those who work with it from each agency. At any rate the team's function is to plan and coordinate services and evaluate progress.

Consultant teams can be initiated with little or no money. Many agencies will provide staff time as an in-kind contribution; in fact, some are required to provide such services as a condition of their funding. DSS in most counties incurs no costs for CPS support teams other than producing and mailing meeting notices. The case management approach is more sophisticated however and many communities have found they needed a paid coordinator to succeed.

The staff may consist of a paid coordinator from outside DSS, or the DSS may use its own staff to coordinate the team but hire a part-time clerical person to arrange for the meetings and to keep records. In some counties the support teams involve no cost to DSS other than typing, duplicating, and mailing meeting notices.

Physicians on hospital staffs or in public health clinics may be more flexible in serving on consultant teams than private physicians, but some of the latter have been very generous with their time.

The consultant team is not a panacea, but its various models can produce a number of benefits, including:

- Creation of a climate of cooperation among agencies.
- Reduction in agency duplication.
- Reduction of confusion for family.
- Faster and more effective response by family.
- Improved morale among agency staff.
- More effective decision making.

Oneida County Child Abuse Interdisciplinary Treatment Team*

Frederick DuFour, Jr.†

The interdisciplinary treatment team is considered to be one of the most effective means for working with child-abusing families. Unfortunately, many communities feel they lack the necessary skills, resources, and funding to develop such a team.

During 1975-76 the Oneida County (N.Y.) Child Abuse Committee was able to demonstrate that a group of determined community professionals can set up a successful multi-agency treatment team. The Oneida County treatment team, referred to as the Child Abuse Pilot Project, was made possible through the donation of professional staff time from 10 county agencies and a small grant from the Utica Foundation.

The overall objectives of the Pilot Project were:

- to provide continuity of treatment and follow-up using an interdisciplinary, family-centered approach in overcoming the problem of child abuse;
- to stimulate better linkages between existing agencies and services;
- to demonstrate effective methods for organization and mobilization of resources in a comprehensive delivery system;
- to develop training and resource materials for professions dealing with these families; and,
- to broaden community support and demonstrate community interest in the problem of child abuse.

The Pilot Project consisted of a treatment team and an advisory board. The advisory board met on a monthly basis to offer consultation to the team and to provide overall administration for the project. The treatment team met each week to develop treatment plans, review family progress, and participate in sessions with resource people.

The team selected 10 families for the project. This involved a total of 25 children, 19 adults, and over 65 human services professionals. Each of the project's families had a cluster of problems that made them prone to child abuse. For example, all 10 families had parent-child interaction problems, unrealistic expectations of small children, a lack of understanding of special needs children, and excessive use of physical punishment. Financial or employment problems (poor family budgeting, extensive debts, unemployment, inability to hold jobs) were apparent in 7 project families. Eight of the project's parents were experiencing problems with their mates. A substantial portion of the parents had been abused as children.

As families were selected, the project team (including the family) made careful assessments to identify specific problems. A treatment plan with both long- and short-term goals was de-

*Based on *Family Life Developments*, No. 7, 1977 and adapted from the final report of the Oneida County Child Abuse Project.

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veloped and tailored to the individual needs of each family. The treatment team met weekly to review the progress of each family and revise plans when appropriate. An advocate from the team was assigned to each family to insure that the treatment plan was properly implemented. Although the families were not included in the weekly team meetings during the initial stages of the project, during the last six months partial-team meetings were held with the family to deal with specific problems. These smaller family sessions were extremely helpful for dealing with on-the-spot problem solving and reducing tension between the professionals and the families.

The Pilot Project had a significant positive effect on all 10 families. Each family made substantial improvements in handling problems that had originally contributed to child abuse. The team had the greatest effect helping families in the areas of health, parent-child interactions, child care, and individual child problems. Health care professionals helped families with medical, dental, and nutritional problems.

Team members observed that the project families often lacked alternatives for dealing with such things as disciplining their children, coping with stress, and negotiating their way through a complicated network of medical, legal, and social services. By using a interdisciplinary team approach, families were provided services in a complete, integrated, and understandable manner.

This coordination of services had outstanding success in helping to keep families together. At the start of the project seven of the 25 children had been placed in foster care. Within less than a year, six of the children had been returned to their homes, having spent an average of 92 days in foster care (the New York State average is four years). Project team members felt they prevented 12 of the remaining 18 children from having to be placed in foster care.

The team members gained valuable information on the type and number of community services available to help families. Through the weekly team meetings, participating agencies discovered how effectively to develop linkages with other agencies and to provide comprehensive planning for assisting families. Jean Morris, project coordinator, observed, "Without exception, every agency responded positively to the opportunity to channel resources for this effort and to participate in a coordinated team approach."

The Oneida County Pilot Project is an excellent example of how a citizens' task force can pull together community resources to meet the needs of families who abuse their children. The Oneida County Child Abuse Committee is currently engaged in developing permanent funding for the treatment team.

Onondaga County Child Abuse Coordinating Program*

In upstate New York, in an area encompassing Onondaga County and the city of Syracuse, a continuing process of expanding and restructuring the family service delivery system has led to innovative practices that other communities may also want to consider. Among them are a double-team approach to diagnosis and treatment, participation of the family in team meetings, and the use of stipulated orders as a means of structuring treatment plans and avoiding the lengthy court adjudication process.

The Onondaga County child abuse program evolved out of public and professional concern stimulated by a particularly gruesome case of child homocide that occurred in the fall of 1970. A citizen's task force was established to look into ways of improving the existing child protection system and, in July 1972, the present coordination program got under way, funded by United Way and housed within one of its member agencies. The purpose of the program is to coordinate a wide range of diagnostic and treatment services to abusive parents so that the family may remain intact or be separated for a minimal period of time. Beginning with families suspected of physically abusing children under five, the program has expanded to work with all cases of physical and sexual abuse regardless of the victim's age. At present, the active caseload is 184 cases while long-term follow-up is being provided for an addtional 60.

Most of the physical abuse cases are identified at three area hospitals where they are referred by physicians and other mandated reporting sources. When a medical diagnosis turns up a case of suspected abuse at any of the three, *the hospital social worker or a protective services worker calls a team meeting, which is*

*Reprinted with permission from *Child Protection Report*, November 6, 1975.

held within 48 hours of the report. The reporter, the protective service worker assigned to the case, hospital personnel, and representatives of any other agencies to whom the family is known are present. Based on the hospital diagnosis and interviews with the family the team makes an initial diagnostic assessment of the type of services that might be helpful and determines what measures are needed to ensure the safety of the child. The team uses an assessment framework similar to that developed by Dr. Kempe in Denver (see resource section).

A decision is also made at this point on whether to involve the court in the case. The coordinating program has developed a good relationship with the family court and together they have devised a stipulation agreement procedure which so far has been used in 66 cases requiring court action. In 1975, the process was codified in New York State law where it is called, adjournment and contemplation of dismissal." When an abuse report is made, the family is provided with written information explaining the procedure and advising the parent of his or her right to legal counsel. If an abuse petition is filed, a stipulated order may be entered into at the same time, provided that all parties consent to its provisions. Customarily, these include the length of time a child will remain in placement, the status of any siblings, and the services to be provided the family. Thus, the helping agencies as well as the family (and their legal representatives) have a good idea of what is expected of them; and the court has in its hands a document signed by the parties involved describing the services that will be made available to the family. *Unlike other such agreements in use elsewhere, the Onondaga model is entered into at the earliest stage of the court proceedings, usually within a week of the initial report.* Among the treatment options most often recommended by the team and included in any agreement are the use of parent aides, therapy for one or more family members, marriage counseling, day-care placement for children remaining in the home, and assistance with housing, medical care, employment, and so on. Final responsibility for the case remains with the protective services worker who also plays a key role in drawing up the proposed treatment plan.

Within 10 to 14 days of the case's discovery, it moves into the hands of a *community treatment team,* which is responsible for overseeing and coordinating the flow of services to the family. By this time, court action, when appropriate, has been initiated and services begun. Initially, the community team meets on a weekly basis with additional sessions scheduled in times of crisis. In addition to the child abuse coordinator and protective services worker, participants include representatives of agencies providing services to the family — day care center, mental and public health units, for example — *and, most important, the parents themselves.* Program coordinator Diane Meier-Erné views parent participation as beneficial in a number of ways. First, it tends to keep the professionals honest; the parent's presence keeps unreasonable treatment recommendations to a minimum. The practice also saves time. It is possible to check right away with the parents about the acceptability of a suggested service and to settle immediately on details concerning when, where, and by whom the service will be provided. Finally, parent involvement in team meetings appears to be therapeutic in and of itself. Even severely disturbed parents seem to benefit from the reassuring evidence of continuing concern with their affairs. Parent aides who accompany the family to the sessions encourage them to take part and express their feelings honestly.

In cases involving temporary removal of the child from the home, shortly before the placement period set down in the stipulated order and/or treatment place expires, the team meets to decide whether it is safe to return the child home. In cases where the parents have been regularly involved in meetings and have developed relationships with supportive agencies and groups, the family is usually able to be reunited. However, team meetings continue on a less frequent basis for up to a year or more. If a crisis arises, the appropriate agencies are contacted and services provided before the situation becomes serious. *This system of long-term follow-up, which is lacking in most communities, has resulted in only one instance of repeated child abuse out of the 244 cases so far handled by the team.*

The coordinating program is also fulfilling its mandate to reunite families whenever possible. *Since it began operation, the return rate for children in placement has increased by over 100 percent.* Of 62 children placed in 1975, 35 had already been returned to their homes by July 1 of that year. A necessary condition for the coordinating program's success is its close relationship with the county protective services agency. The latter faces the same problems that plague departments elsewhere — a high rate of staff turnover, manpower and money shortages, and inexperienced and untrained workers. Because of its decision to share responsibility for child protection with other community groups, the agency benefits not only from team members' assistance with

treatment plans and coordination of services, but also from the continuity in casework and their willingness to serve as training resources. The 20-member protective services staff has been divided into three units responsible for preliminary investigation, ongoing casework, and court liaison. A 24-hour hotline is also maintained by the department but comprehensive emergency services have yet to be built up into a working system. A crisis day-care program has been established recently at one of the Catholic Charities' centers but it has not yet been fully utilized. In addition to emergency services, the coordinating program also is not satisfied with its current management of sexual abuse cases. Experience has shown the need for more research on the effectiveness of different therapy techniques and a committee has been set up to monitor the results of various treatment plans currently in use. The program coordinator would also like to see the double team approach used to help mothers whose background, isolation, and current personal circumstances make them poor candidates for successful parenting.

Once Abused, Twice Neglected*

Frederick DuFour, Jr. and Mary Farrell†

Ironically, most child protection agencies neglect the abused child. In the last decade social service professionals have responded to the child abuse problem by treating parents — an approach based on the theory that the parent has a curable illness, child abuse. The child's abuse-related problems are considered symptoms of the parent's sickness and are expected to disappear as the parent is "cured" of child abuse.

Compared to previous approaches, programs treating parents are a more effective way of dealing with child abuse. Parents now have a right to treatment; they are no longer simply condemned and left without help.

Children benefit, too. Except in life-threatening cases, the children are no longer routinely separated from their families "in the best interest of the child" — a procedure that often traumatized children more than the abuse did.

Unfortunately, many programs treating parents overlook children who need long-term treatment and those whose parents never develop nurturing abilities even after extended therapy. Some research has shown that therapy for parents frequently results in no detectable changes in the parent-child interaction. In one study, after abusive parents had been in treatment over an extended time, the children were no longer battered in the technical and legal sense, but 68 percent were still experiencing hostile rejection and/or excessive physical punishment.

Evidence indicates abused children suffer low self-esteem, inability to enjoy life, learning problems, and withdrawal from normal social relationships; abused children fall behind their peers in toilet training, motor skills, socialization, and language development; and if the cycle of abuse is allowed to continue, abused and neglected children become abusive and neglectful parents.

In conjunction with treatment of abusive parents, child protective agencies need to provide neglected children with different kinds of therapeutic services designed to meet their immediate and long-term needs. Before this can happen, abused and neglected children need to be identified.

Since caseworkers are among those responsible for identifying the children in need of help, they should have a fundamental knowledge of child development. However, a 1977 Family Life Development Center survey of 30 upstate New York counties showed that only 10 percent of the caseworkers in local Child Protective Offices had basic training in child development. These agencies need to implement in-service programs that teach caseworkers about normal developmental stages of childhood and how to recognize abnormal behavioral patterns frequently exhibited by abused children. Training should include contact with both healthy and troubled children so caseworkers learn to recognize the differences between the two.

After children needing help have been identified, developmental assessments should be administered to them to determine their intellectual, social, and physical needs. The children should then be directed to the appropriate services.

To facilitate this process, communities need to develop a central agency to compile a list of

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available services and direct each child to appropriate community programs. Many communities have "invisible" treatment programs scattered through a number of local human services and educational institutions. For example, in one upstate county, where a Child Protection supervisor has been complaining that "services for children are just not available," a child abuse task force discovered that the local family services agency had a play therapist, the school system had a school psychologist capable of administering a wide range of educational and psychological tests, the community hospital had a pediatrician and a speech and hearing specialist, the Board of Cooperative Educational Services (BOCES) had a special program for children with learning disabilities, and the county's mental health department provided psychiatric and psychological counseling for disturbed children. However, no coordinated approach existed to match children and services.

The professionals of that community plan to develop a group to meet the special needs of abused and neglected children. The group — a child protective worker, a school psychologist, a play therapist, and a pediatrician — will assist the local child protective unit to carry out assessments and treatment plans for each abused and neglected child. Group members also will consult with parents and child treatment efforts.

In each community a variety of therapeutic services should be available to help the abused child to express feelings, satisfy emotional needs, and cope with the hostile home environment. These services may include play groups, crisis nurseries, therapeutic day care centers, and psychotherapy.

Play groups generally meet a few hours a week, often while parents attend therapy sessions. Frequently staffed by volunteers under the supervision of a professional, the play group allows diagnostic observation of children and the discovery and treatment of problems that might go unnoticed.

Crisis nurseries offer immediate and short-term relief to parents temporarily unable to care for their children.

Therapeutic day care centers serve as a refuge for abused children for four to ten hours a day. These centers facilitate the diagnostic observation of children and provide intensive long-term therapy for them.

Psychotherapy is not needed by every abused and neglected child. However, children over three years old with serious emotional problems should be considered for some type of intensive therapy. Play therapy, one form of psychotherapy, allows children to "act out" traumatic experiences in the presence of a nonthreatening adult; it also allows the child to relate to an adult on a one-to-one basis without being threatened, harmed, or neglected.

Programs for abused and neglected children must be improved. The needs of these children are now being ignored because of the emphasis of child abuse programs treating parents.

An abused child's problems will not necessarily disappear just because the parent(s) successfully respond to treatment. Abused children need therapy, too. Their personal dignity has been assaulted; in many cases, their sense of self-worth has been damaged. Unless they receive adequate treatment, they will not develop the social, psychological, intellectual, and emotional skills needed to be happy, healthy, and productive members of society.

III: The School Connection

The School Liaison and Child Protective Services*

Michael Nunno†

The passage of the Child Protective Services Act in 1973 has had a major effect on school systems in New York State. According to the *Child Protective Services in New York State 1976 Annual Report*, school officials account for 10 percent (3,360 reports) of all reports to the Central Register. This statistic ranks school officials as among the top mandated reporting sources in the state.

The New York State Department of Education has encouraged the development of a "written policy and procedures to guide school personnel in making referrals." It also encourages each school district to assign a staff member to a liaison position with the local child protective services unit. If each district were to have a liaision position, what would be the qualifications and duties for this position?

The liaison to the child protective services can be someone from pupil personnel services for example, school nurse-teacher, school counselor, school social worker, or school psychologist. The person should be able to communicate well with school officials, children, and parents, and have the freedom to respond to emergency child protective situations. The person needs to be sensitive and knowledgeable about family and community dynamics that may contribute to child abuse and maltreatment.

The first duty of the liaison is to develop written policies and procedures on reporting child abuse and maltreatment in his or her district. Guidelines set down by the New York State Department of Education include but are not limited to the following areas:

- the name of the school official responsible for liaison to the child protective services;
- the state toll-free telephone number;
- the method of completing, forwarding, and filing copies of the State reporting form and for destroying this form if the case is determined to be unfounded by the local child protective service;
- the policy concerning interviewing students at school by child protective service caseworkers;
- the availability of the school physician;
- the access to a camera for photography and/or a method for referral to local clinics or hospital for examinations and photographs;
- the development of a clear understanding of the definition of an abused or maltreated child as it exists in New York State law;
- the legal rights and responsibilities for school personnel.

Once a policy is developed, it should be approved by the local board of education.

Along with the responsibility for writing and updating a school district's policies, the liaison also should have responsibility for the following areas: case reporting; case coordination; education of school personnel; and, general information dissemination.

The liaison immediately receives or is made aware of all reports of suspected abuse or maltreatment coming from the local school district. The liaison reviews reports for completeness, accuracy, and seriousness and either reports directly to the State Central Register or has the school official suspecting the abuse or maltreatment make the report. The liaison insures that all responsibilities concerning x-rays, photographs, and protective custody are adhered to if the situation warrants them.

A critical duty of the liaison during the reporting phase is to insure that the child's upset over the reporting process is held to a

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minimum. Many abused children feel they, rather than their parents, are to blame for the situation or injury and as a result are confused and frightened by a reporter's concern. The child may also fear retaliation by the parent because the injury or incident has been discovered (although the parent may have sent the child to school with obvious injuries as a plea for help).

These issues in reporting can be handled by insuring that the child suspected of being abused or maltreated has a school official sensitive to his or her problems. A child's upset also can be minimized if he or she is not subject to questioning by a variety of well-meaning school personnel. The child needs the liaison's explanation of why the school is concerned with the child's condition. It is important to explain what will happen in words the child understands. This becomes critical if x-rays, photographs, or protective custody are necessary.

In making the report, the liaison should take an active part in relating the school's position to the parents. An explanation of the suspicions and the school's responsibilities under the law should be central issues discussed with parents. If this is done firmly, with empathy and understanding as to how abuse and neglect occur in families, a meeting of this kind will often contribute to a positive outcome of the case.

Although reporting suspected abuse and maltreatment may end the school's obligations under the law, the school should continue its concern for child and family. Whenever appropriate, the liaison should offer assistance to the local child protective services staff in evaluating the case and developing a service plan for the child and family. This assistance should come through individual contact with the caseworker and by requesting a formal meeting with the child protective services unit. The school is in an excellent position to notice the effects of the investigation and the services on the child. It is one of the first social agencies to see whether the abuse or maltreatment is continuing (sometimes under different forms), or whether the family and the child are escaping the cycle of abuse.

Case coordination through the liaison will minimize problems that naturally arise when two or more social agencies are working with children and families. It provides a forum for differing points of view on the assessment and service plan that must be developed for the family by the local child protective services agency. The liaison informs all pertinent school officials of the progress of the case.

The liaison coordinates and takes part in in-service training programs for school officials. These programs should include the officials' rights and responsibilities under the law, identification, and dynamics of child abuse and maltreatment, as well as school policy and procedure. Training should concentrate on the attitudes and values of school personnel in such areas as the rights of children, corporal punishment, and family privacy. Experience shows that comprehensive in-service training for school officials at all levels increases the probability of an effective school policy on child abuse.

The liaison should develop written materials for parents. These materials should stress the role of the school in reporting, the school's policy, and the rights of parents who have been reported. The materials should be distributed at the beginning of every school year through a general mailing, parent-teacher meeting, or as handouts. Special care should be given to insure the materials offer a sensitive, empathetic, but firm approach to the problem.

The experience in New York State with the Child Protective Services Act has led educators and child protective service professionals to encourage the concept of a liaison in many school districts. This person should have sensitivity and knowledge of all aspects of child abuse and maltreatment. A liaison should develop a school district's written policy on case reporting, and be responsible for case coordination, training, and information dissemination to parents. Inevitable problems that result from a school official's report of suspected abuse or maltreatment can be minimized with such a system.

IV: Helping Families through Friendship

Visiting Friends — Emotional Support for Families*

Frank Barry†

Reports from more and more communities suggest that a crucial element in rehabilitating abusive parents is a non-professional worker who spends considerable time with the family. This worker goes by various titles like lay therapist and parent aide, for example. The Niagara County (N.Y.) Child Maltreatment Project has come up with "visiting friend," which describes the role accurately and inoffensively.

Orientations differ between parent aides in some programs and lay therapists in others, but they have one factor in common: the visitors spend enough time to develop intensive friendships with the families. The visitors generally work with no more than three families at a time. This small caseload allows the visitor to provide what trained social workers and professional counselors cannot normally give — warm, loving support or "mothering." In simplest terms, the visitor is a friend who gives the emotional backup that friendship involves when a family suffers through a crisis.

According to psychiatrist Brandt Steele of Denver's National Center for the Prevention and Treatment of Child Abuse and Neglect, parents who abuse their children did not receive much love as children. Typically, they were abused themselves.

According to Dr. Ray Helfer, professor at the Michigan College of Human Medicine, most abusive parents didn't learn to trust others when they were children. After all, if you can't trust your own parent to comfort you when you hurt, whom can you trust? This inability to trust makes it difficult to develop friendships later on. Consequently, abusive parents grew up to be isolated and lonely. Feeling that everyone else has failed them, they often expect from their child the love no one else has given them. When the child doesn't provide it, the child gets punished.

The success of visiting friends suggests that a warm, nurturing person can break this cycle by filling some of the parent's emotional needs later in life and by demonstrating directly what friendship is all about.

The family reaches an important milestone when the parent trusts the visitor enough to call her when the parent feels unable to cope, instead of lashing out at the child. Abusive parents often go through a childlike phase as they experience, perhaps for the first time, the emotional support that most people receive as children. They gradually outgrow this.

The duration and intensity of visiting friends' work varies according to the family and the program, but most families receive two to five visits per week, at least in the beginning. It is crucial for parent aides to be available (in case of crisis) at all hours, even on weekends. Kempe and Helfer recommend that a second person work with the family in order to cover when the aide is unavailable.

Involvement with a family may take six months to two years or longer, but it usually tapers off after the first few months. Often it never completely ends because real bonds develop.

Visiting friends tend to pose less of a threat to abusive parents than do social workers or other professionals. This means they can often serve as a liaison between parents and professionals. In Syracuse where the aides and the parents participate in case management conferences, the aides often act as advocates for the family, pointing up needs that no one else has seen.

Visiting friends sometimes are

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confused with homemakers, nutrition aides, or public health nurses who may visit the home for other reasons. The primary concern of the visiting friend is not housekeeping, cleanliness, nutrition, health, or even the child. She is mainly concerned with giving the parents, especially the mother, positive reinforcement and emotional support. She does not ignore the other areas and will help with them if necessary, but they are secondary concerns for her — as they would be for any friend. This distinction can be hard to make at times.

Most programs claim that child-battering rarely recurs in homes where visiting friends have worked intensively. In Syracuse the number and length of foster care placements for child abuse dropped drastically after the parent aides began work. However, it is hard to isolate statistically the impact of the aides because programs that provide visiting friends usually also offer other services. We have not yet encountered any studies using control groups to test the effectiveness of parent aides or lay therapists.

But while precise statistical data may be hard to compile, visiting friends provide what seems to be the only practical way to allow one person to focus a lot of attention on families who need strong emotional support.

How Much Does the Program Cost and Who Pays for It?

Costs vary because some programs use volunteers while other pay their visitors. St. Petersburg's PACER (Parent and Child Effective Relations Project) figures its visitors' costs at $4.74 per hour, which includes mileage, supervisory time, office space, rent, and other overhead. Since these volunteers spend an average 21 hours per month per family, the average monthly cost would come to $99.75 per family. In Syracuse the costs are about $5 per hour including supervision, travel, and other overhead. The cost per family is roughly $238 per month, assuming an average of 47.5 hours per family.

In Syracuse, the parent aides are recruited, trained, and supervised by the Child Abuse Coordinating Program. The aides themselves are employees of Home-Aides of Central New York, a nonprofit organization that supplies homemakers and health aides to the Onondaga County Department of Social Services.

Estimating the costs of a new program is relatively easy, but such an estimate paints only part of the picture. It is equally important to estimate the savings that the program will bring. In Syracuse, the rate and length of foster care placements dropped dramatically after the parent aide program began. Since foster care there costs roughly $30 a week per child, an aide averaging 47.5 hours a month with a two child family would pay for herself as long as her presence prevents placement of both children. If the aides averaged 21 hours per family, as in Florida, they would pay for themselves if they prevented even one child from being placed.

Another kind of savings occurred in Denver, Colorado, where lay therapists were considered to have reduced the number of court cases by helping the parents and treatment team reach mutually acceptable solutions.

Whether a visiting friend program will generate a savings depends partly on what is available without it. In one upstate county we found six agencies providing services to an abusive mother, half of them in 30- to 60-minute weekly appointments. Considerable time was invested in this mother, but it did not satisfy her needs because none of the six could spend enough time to develop the friendship she needed. The same amount of time probably would have accomplished more if one person could spend most of it really becoming a friend. In this case a visiting friend could largely pay for herself by freeing people in other agencies.

In some counties the alternative is not too many other services, but too few. In these instances, visiting friends may not produce any immediate savings. Will they accomplish enough to justify their cost? Presumably they will, but proof of this would require analysis of recidivism rates, and we have found no compiled data on this.

Recruitment and Training

Apparently, the key to successful parent aide programs lies in recruitment rather than training. According to Dr. Helfer and Kempe (in *Helping the Battered Child and his Family*) the Colorado Medical Center Program has sought out people who "have had the good fortune of being raised by loving mothers and fathers" (p. 45). The PACER program in Florida lists success in parenting one's own children as a requirement for a parent aide. Helen Alexander, Chief Social Worker at the Colorado Medical Center, in her article "Parent Aide" stresses the importance of lay therapists having "adequate support systems in their present lives to allow them to give freely and not feel overdrawn emotionally" (pp. 4-5).

The selection process isn't always easy. Sally Mobley, director of a rural program in Pope County, Arkansas, told us, "We decided pretty much on gut feelings." Diane Meier-Erné of Syracuse says much of it is intuition: "We go a lot by how the candidate makes us feel. Does she make us comfortable? We also ask about her childhood.

And then we go by her reactions to 'what would you do if' type questions about situations she is likely to run into."

Experience in Denver and St. Petersburg suggests that the best visitors tend to be 25 or over with children of their own. But Diane Meier-Erné told us that some very successful workers in Syracuse follow neither of these patterns.

Charlene Bennett of Florida's PACE'I program writes that a serious pitfall is the temptation to use an inexperienced person as supervisor — "inexperienced in doing the job the volunteers (visiting friends) must perform, inexperienced in screening, inexperienced in training or supervising, or unknowledgeable about the specific type of clientele being served."

The mistakes made during a visiting friend's learning period can drive volunteers away and doom a program to failure. Visiting friends need much support, whether or not they are volunteers. Ms. Meier-Erné told us she learned the hard way that she had to be available by phone to her aides in the evenings. Another way to provide support is through weekly meetings, which are considered indispensable to the PACER program. Some volunteers said they would have dropped out, but through the meetings they became recommitted each week.

Inadequate screening of the parents can be a dangerous pitfall, too. Dr. Helfer estimates that 10 percent of abusive parents suffer from psychoses or other serious psychological disturbances that require more than a visiting friend for remedy. Failure to identify such parents early can cause frustration and wasted effort.

Considerations

While those operating parent aide or visiting friend programs claim considerable success, several issues remain unresolved.

There is no consensus on whether visiting friends should receive pay or be volunteers. Those who favor paid staff point out that they tend to be more reliable and more accountable than volunteers. But in St. Petersburg, Charlene Bennett of the volunteer PACER program believes we often make unfair comparisons between volunteer and staff programs. She writes, "We do not usually recruit volunteers with the same amount of time and effort that we would devote to recruiting one paid staff person. Then we complain when volunteers desert, screen themselves out, exhibit high turnover, and so on. I suspect the same phenomena would occur if we recruited paid staff in the same mass-production manner. . . . Volunteers are freer to quit than paid staff who need the income. It would be great if all paid staff were so free to quit; it might result in a remarkable improvement in management."

Another unanswered question concerns rural, visiting friend programs. Can they work? Would the scarcity of resources and transportation problems and winter weather make them impractical for upstate New York? Pope County, Arkansas, may not have as much snow, but Sally Mobley who directs the SCAN program there says, "You can't get much more rural. Only one of our families has a phone." The visitors in Pope County volunteer their time and receive only $25 per family for their monthly expenses. Most visitors work with two families. Families outside Russellville, the county seat (where most volunteers live), are assigned only to those volunteers willing and able to travel.

Can parent aides help parents who neglect their children? The answer here is doubtful. None of the programs we contacted claimed success with neglected parents. In fact, most did not work with them at all. This was partly because neglect was considered less serious than abuse and partly because it was considered more complex. Several persons suggested that if visiting friends work with neglectful families, they are likely to spend more time and achieve much less than those who work with abusive families.

Visiting friends are generally encouraged to create dependency in the parents they work with. Furthermore, according to Helen Alexander, they are expected to maintain contact as long as both families remain in the Denver area. Does this mean the dependency never ends? Not necessarily; if a true friendship has been established, communication will naturally continue indefinitely, although it may be limited to birthday cards and occasional visits or telephone calls.

But in some cases, contact may continue because the family does not outgrow its dependence on the visitor, and the program staff fear that letting go may lead to a recurrence of abuse. Diane Meier-Erné referred to several families in Syracuse where aides had been working for a year or more with little growth toward independence. We feel there's a real chance of abuse if the aide leaves," she says. "Providing the parent aide indefinitely is not a good solution, but what else are we to do, take away the aide and wait for the child to be hurt badly enough to justify going to court?" So far, the aides have stayed on in all these families.

Visiting friends are nearly always women, and they usually work closely with mothers. In most families this is appropriate, especially if the father or husband is absent or out of the home much of the time. But where a male plays a dominant role in the family the visiting friend must work out a relationship with him

as well as the mother. This can be difficult for a female visitor. A man struggling to be "boss" in his own home may find it hard to relate to a woman who plays a mothering role with his wife. Some visitors will perceive the man as undercutting the relationship she is trying to create with the mother.

While relationships between visitor and mother have been worked out in visiting friend programs throughout the country, little seems to have been written about the relationship between the visiting friend and the male in the home. In Pope County, Arkansas, the SCAN program used two male volunteers as visitors during its early months. Obviously this can have some pitfalls of its own: a male household head can perceive a male visitor as a threat, especially if the visit comes when he is not present. According to Sally Mobley, the director of SCAN, male visitors established a rapport with husbands more quickly than female visitors, but some of the older female volunteers have established relationships that in the long run are probably just as effective. She conceded that it could be hard for a younger female volunteer to develop a constructive relationship with some of the more aggressive men.

Ms. Mobley told us "Most of the men we work with see raising children as the woman's role, and they usually don't mind the visitor working closely with the mother. Some of our best work with men has been through our Parents Anonymous meetings. Fathers come to meetings from about half the families that attend regularly. They begin by simply supporting their wives but then tend to get more and more involved themselves. Perhaps they are encouraged by the fact that my husband and I are co-sponsors of the group."

Persons working to start a visiting friend program may find it helpful to contact some of the programs we have referred to. Their addresses are given in the resources at the end of this bulletin.

V: Families Helping Families

Parents Anonymous: How to Start a New Chapter*

Deborah Kravitz†

Parents themselves are the best indicators of the effectiveness of Parents Anonymous, a self-help support group for people with parenting problems. A national evaluation sponsored by the federal government verifies what P.A. parents already know: after one month's participation or less, verbal abuse decreases and physical abuse rarely recurs.

The chapter meetings are the core of the P.A. Program. They are safe places where parents can express their frustration and anger without fear of judgment or condemnation. Chapter meetings lay the emotional and practical foundation for alternatives to abusive behavior. Destructive attitudes and impulses can be redirected into loving, nurturing behavior. The self-help group gives individuals the chance to appreciate their own worth, their ability to contribute in a positive way, and the value of their own experience. Involvement in this program increases a parent's self-esteem and ability to cope with stress.

Each chapter has 10 parents. In most groups, the parents choose the chapter's chairperson from among themselves. The chairperson leads the group and provides support and nurturing to the other parents. An integral part of each chapter is its sponsor, a mental health professional, who functions in a volunteer capacity as a back-up resource to the chairperson.

Certain problems should be expected in the initial stages of chapter development. One of the hardest is finding an appropriate sponsor. It's very important for a sponsor to be able to participate in the group on a feeling level, to encourage the parents to deal with their emotions. Some feel that the chapter provides the emotional support of a surrogate family, and that the role of the sponsor is that of a surrogate grandparent.

The sponsor attends weekly chapter meetings and is available to the chairperson as a support and a resource. Beyond that, involvement can be as much or as little as the sponsor determines. Limitations are necessary, and it's important that sponsors clearly define their limits and express them to the chairperson and group. Some sponsors are available to parents for crisis intervention 24 hours a day, 7 days a week; some sponsors are only available to the chapter's chairperson.

Word-of-mouth is one of the best ways to advertise the need for a sponsor. Sponsors can be recruited at mental health centers, family service agencies, and universities. Mental health counselors, community health nurses, and psychologists are among those who might be considered for this position. Many agencies are willing to donate the time of a staff member to Parents Anonymous.

Parents contact Parent Anonymous through professional referrals or on their own initiative. Self-referrals can be facilitated through various forms of publicity. Agency referrals are accomplished by establishing credibility through a community support group made up of professionals. This support group can be a task force, board of directors, or advisory council. Prominent members of the professional community lend credence to the programs and thereby augment the number of agency referrals.

Agency referrals also increase as a result of public meetings and speaking engagements. Departments of social services and mental health agencies, both prime sources of referrals, are usually willing to allow P.A. speakers to give in-service presenta-

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†Staff member of the Parents Anonymous Resource Office of New York State.

tions.

Self-referrals generally come because community awareness has been developed through pamphlet and poster distribution and television and radio announcements.

It is important that community awareness be done in a nonthreatening manner. Some forms of publicity are inappropriate to the nature of the organization. Parents Anonymous is nonjudgmental and supportive of parents. Therefore, it is inconsistent with this philosophy to support publicity that depicts child abusers as horrendous monsters or as psychotics with gross, unsolvable problems.

The viability of a new chapter is often dependent on the amount of community support it receives. Successful chapters are often characterized by being well connected with local service organizations: church groups, local "hotline" referral services, formal or informal human service coalitions, or specially formed community groups can provide the local support needed. Although intense community involvement is not always necessary, it should be noted that Parents Anonymous groups have, from time to time, failed to survive without it.

Each chapter can obtain resource material from Parents Anonymous National Office, 2810 Artesia Boulevard, Redondo Beach, CA 90278, free of charge Available are a Chapter Development Manual, a Sponsor-Chairperson Manual, 15 Parent Handbooks, and some informational pamphlets.

In New York State a specially-funded Resource Office was established through P.A. of Rochester to offer assistance to local chapters. Outreach workers, assigned to each county in the state, are available to existing chapters and to individuals who have an interest in new chapter development. They travel throughout the state making presentations, providing information, suggestions, and expertise in chapter development, maintenance, and service expansion. The Resource Office developed materials in Spanish and provides community awareness information useful in any New York community.

It does not take a lot of money to keep a chapter going. The sponsor's services are donated. The meeting place is donated. Private donations and proceeds from speaking engagements are helpful but not always necessary.

When costs are incurred, they are usually telephone and publicity costs. Telephone costs can be reduced by using crisis and community referral lines already in the area. Publicity costs can be reduced by taking advantage of of community support and resources. Radio and television stations donate Public Service Announcement time, provided they are supplied with tapes. Sometimes stations will help groups produce such tapes. Local newspapers and other publications will often donate space. Speaking engagements and presentations are excellent for publicity purposes. Posters can be mimeographed and displayed at universities, mental health centers, day care centers, clinics, grocery stores, laundromats anywhere.

In conclusion, if Parents Anonymous chapters are started with the right kinds of community support, they not only last — they work. According to P.A. founder Jolly K., part of the reason is that through Parents Anonymous, parents learn to see that they have the strength and capability of controlling their abusive behavior. In an interview appearing in *Human Ecology Forum* (Vol. 8, No. 4) she said "Since abusive parents have low self-esteem, we encourage them to do anything they can take pride in."

One source of pride is in helping to improve their own children's self esteem: "Unless they find out they never deserved the abuse, abused kids are the up and coming generation of masochists and child abusers," Jolly K. said, and for that reason, what makes P.A. work for parents also makes it work for their children.

The Queens Parent-Child Association Self-Help Combined with Agency Support

*Zephra T. Gibbs**

Evaluation of a summer recreation program for abused and neglected children provided the impetus for the evolution of the Queens Parent-Child Association, a group of abusing and neglectful parents who moved from solving their own problems to helping other parents in similar circumstances solve theirs.

The Queens Parent-Child Association (QPCA) is now a distinct service program, an adjunct to the Queens Field Office's protective and preventive services. The group accepts families referred by Protective Service caseworkers, but other families have joined QPCA on their own. Such "self-referring" parents often call QPCA first to request

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placement of their children because of parent-child conflicts, child-community conflict, and other family interactional problems. We discovered that these overwhelmed parents had used child placement as a vehicle to obtain help with their parenting problems.

The Queens Field Office is a part of the city-wide Special Services for Children that has responsibility for protective and family services in Queens County, one of the five boroughs of New York City. The Queens Office has a caseload of 1500 to 1700. Between 75 and 80 percent of the families have been referred for investigation of abuse and neglect.

The Field Office view is that the family should be kept intact unless a child's emotional or physical safety is endangered. Its family service program, which accepts referrals from its protective service program, provides intensive, in-depth services to its families using the one-to-one family counseling casework model. In addition, staff had developed a summer recreational program for the children on the caseload. Despite these efforts we continued to receive abuse and neglect reports on a number of these parents.

Parents Planning Group

The staff decided to involve the parents in an assessment of the previous summer's recreation program.

In June 1976 before the first planned outing, the current group coordinator met with a group of five parents. Several issues emerged. but the lack of mutual trust between staff and parents was the most important concern. Parents were reluctant to share with caseworkers many of their underlying problems. The recreation program was viewed by the parents as a staff program for parents and children rather than a program developed *with* parents to meet their needs. Because of this, parent attendance was poor and involvement with the children on the "outings" was minimal. The parents felt that if they could meet on their own, they could involve other parents and plan programs that were not only recreational but also educational.

In essence they said to the coordinator, "We are willing to take responsibility if we have a voice in the decision making." So, they met on the day before the first planned field trip and asked for an organization separate from the Protective Services Program. They elected officerts. The organization would plan trips, reach out to other parents and provide a "club" atmosphere where discussions would be geared toward esteem-building, effective parenting, and problem solving. Membership was restricted to parents whose background and problems were similar. Psychotic parents were discouraged from attending. It was agreed to take some parents dependent on alcohol and others who were drug users. It was felt by the group coordinator and the veteran parents at this first meeting that peer counseling would be beneficial in getting some resistive parents to take steps toward treatment. The group coordinator suggested fund raising as a mutual aid and self-help technique.

At the initial meeting, rules governing the association were formulated, bus leaders were nominated, and each parent was assigned a specific number of children. In July, 125 children, 5 parents along with 4 social workers visited Fire Island National Seashore without an incident. (Previously there had been altercations between parents and children.) Social workers served only as observers and advisers.

Group meetings were held every week before the trips. Because of inadequate funds, the parents kicked off fund raising ventures in the form of cake sales, dinner sales, raffles, and arts and crafts. The group quickly grew from 5 parents to 25 parents.

The referral system was an informal process. The individual Protective Services caseworkers referred parents from their caseloads. New member parents were visited by officers from QPCA who explained how the group worked. Regular attendance at weekly meetings was stressed but was not required. Carfare and babysitting were arranged through the Field Office.

The original contract between the parents who joined QPCA provided that no information would be transmitted by the group workers to the caseworkers. Unintentionally, QPCA sessions became a threat to the casework process. QPCA services began to seem separate from the total Field Office family service plan. It became clear that the parents were disclosing information vital to their overall well-being more fully to each other than to their caseworkers. They also used the group to express anger toward caseworkers, often reflecting ambivalence about their needs and dependent relationships. The QPCA group coordinator had unintentionally accepted the role of "good parent" who listened to complaints about "bad parents." This intensified the competitive feelings of QPCA group workers and Field Office caseworkers.

The confidentiality contract had to be modified. A meeting was held and the group members agreed that the group facilitators would share necessary information with the caseworkers, with the group member being involved in the process. After modification of the confidentiality contract, the Field Office moved closer to becoming a fully integrated helping system that could better respond to the group members'

total needs.

Encouraged by the success of the QPCA, the Field Office felt it was ready to utilize the self-help process to a greater extent. A unit was established in the Field Office to encourage the development of similar groups.

Analysis of our caseload reveals that the population is overwhelmingly low-income and dependent on public aid and (or) marginal employment. They need help in parental coping and an immediately accessible support system to rely on in times of crisis.

The QPCA, backed by Field Office staff, provides that support system.

A Case Study

Ms. P., a single parent with three children, was reported to Protective Services for slapping one of her children during a visit to the Income Maintenance Center. A visit to her home revealed deplorable conditions. The partially abandoned building had no heat, no hot water, no security, and was rodent-infested. Ms. P. had been victimized several times by drug-crazed youths who stole her welfare allowance.

Regulations for replacement of lost checks require a report to police and a subsequent report to the Income Maintenance Center. The process in the Center is frustrating and time-consuming. It was during such a visit that she reacted by slapping her crying child.

The P.'s worker referred Ms. P. to QPCA for help in alleviating some of the environmental pressures. After hearing Ms. P.'s problems, the QPCA helped her set up short-term and long-term objectives. The first order of business was to secure adequate housing. One QPCA member contacted local relators. Another member accompanied Ms. P. to Queens Hospital Center where it was discovered that two of the children (a seven year old son and a five year old daughter) suffer from minimal brain damage as a result of lead ingestion.

Ms. P. located an apartment in which she is now living. She has joined the PTA and is seeing that the school responds to the needs of her children. She has been instrumental in getting other high-risk families to come to QPCA for help.

The QPCA in this instance was able to follow through with this distraught mother and offer day-to-day support with many tasks. Without QPCA, Ms. P. may very well have had her children removed from her care. With QPCA, she quickly began to take a more positive approach to parenting.

Agency Accountability

The monthly progress meetings between QPCA group and the Field Office's family service administrative staff were crucial in developing this group work program. The support of the administrative staff was important to the QPCA coordinator, who at times felt isolated from staff. It was important for the administrative staff to be kept abreast of QPCA's very effective methods in order to reinforce and sustain interest in the continuation of this process. These conferences tied what would have been ancillary service to the overall Field Office program, and helped to keep the protective and family service workers highly motivated. Encouraged by the success of this program the agency set up an outreach program. Parents can now apply for group services through the regular Field Office application section.

Since its inception in the summer of 1976 the QPCA has been instrumental in helping approximately 75 parents to become more effective in their parenting. Approximately 300 inner-city children have been rewarded with relevant recreational and cultural experiences. Few parents in the group have been involved with a second allegation of abuse and neglect.

The Queens Parent-Child Association through its peer counseling, self-help efforts, and "help line" has been able to provide many of the "high risk" families with self-help sociotherapy. These parents (although suffering from extreme economic deprivation, social stigma, and racism) have learned to reach out to each other and help each other through an extended social network. Since 1976, QPCA has been invited to tell their story in seminars in New Orleans, workshops at the School of Social Welfare at Stonybrook, and on radio broadcasts from a major station in New York City.

Establishing QPCA and sustaining it in a public child protective setting required a large investment of professional staff time. The payoff has been the addition of an important new help for troubled families. QPCA has had a positive effect on the work of the Queens Field Office of Special Services for Children, and on the families they serve.

VI: Preventing Maltreatment through Education

Parent Education: A Strategy for Preventing Child Abuse and Neglect

*Marilee Rist**

Prevention as a strategy for dealing with a social problem is not clear-cut. There are typically a host of causal factors, any one or number of which may be significant in any individual case. It is often possible, however, to identify families that are at risk for child abuse and neglect and, once the risk-related factors are identified, to educate that family so that the abuse or neglect may be prevented. Through *parent education*, the problem may be dealt with before it ever occurs.

An example from the medical profession may help to illustrate the point. Although heart disease can strike anyone, it is possible to identify several factors that increase the likelihood of a person having it: those who smoke, are overweight, do no exercise regularly, and have a family history of heart disease are much more likely to have heart disease than persons who do not fall into these categories. The role of the medical and health community is to educate the high-risk population to danger signs and thus lower the likelihood of heart disease.

Similarly, there is no sure way to identify potential child abusers, but certain factors put individuals in the high-risk group. There are specific factors like the parent who has unrealistic expectations of young children's behavior and is thus more likely to punish a child for what may be normal behavior for the developmental stage of that child. Another specific factor would be a parent's lack of knowledge of ways to discipline other than using physical punishment. General factors also influence the likelihood of child abuse or neglect, such as pressures on the family (poverty, unemployment, marital difficulties), isolation, or difficulty with interpersonal relations.

It is the responsibility of the community to identify the population that is at risk for potential child abuse and neglect, and work to strengthen the family so that the problem of child abuse and neglect can be avoided. Parent education is one effective strategy for strengthening the family and preventing child abuse.

The Need for Parenthood Education

Childrearing is an important task in any society; yet the role of parenthood in our society today is often considered to be low status, and few adults receive any training or instruction in how to deal with children. Unlike the large, extended family of a generation or two ago in which children grew up caring for younger siblings or cousins, today's small nuclear family is often isolated from relatives, and young people may grow up having little or no contact with or responsibility for child care. Not only is their knowledge of child development limited when they reach parenthood, but also their practical experience and contact with small children may be practically nil. Most new parents have expectations of children that are often unrealistic and naive, and they may know little about the normal stages, milestones, and crises of a child's development.

At best, the parent who has little

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knowledge of childrearing is forced to cope with the day-to-day events of childrearing in a fragmented way. The interaction between parent and child often becomes tense, strained, and difficult. At worst, the parent who does not know what to expect from a child may punish or even physically abuse the child for behavior that may be quite normal for that stage of the child's development. Not knowing how else to discipline behavior that is wrong, the parent may resort to more and more severe physical punishment, which traumatizes the child both physically and psychologically.

A Model for Parent Education

The Child Abuse Project of the Education Commission of the States has outlined several stages at which education for parenting is important. This model takes into account the specific needs of both parents and children at the different stages of a family's development. It aims not merely at educating the parent, but at involving the parent-child system. At the earliest stages of development, it is most important to educate the parent; but as children grow older, they may effectively be included in the education process. By being included in the education program, adolescents learn more about themselves and gradually become prepared to take on the role of parents when they reach adulthood. It is suggested that education programs be developed for the following stages (*Education for Parenthood*, pp. 16–17):

1. *Preparation for parenthood.* The target group is future parents who are still in school and therefore readily accessible to intervention. Emphasis could be on knowledge or attitudes necessary for being an effective parent and practical experiences in the care of the young.

2. *Before children come.* Human ecologist Urie Bronfenbrenner describes this as a critical point for intervention. Generally, this group can be reached through the medical profession where potentially high-risk parents can be identified. Bronfenbrenner suggests that emphasis be given to topics such as the necessity for adequate housing, health care, nutrition, and economic security before, during, and after pregnancy.

3. *The first three years of life.* During these years the foundation is laid for an enduring and supportive emotional relationship between the parent and child. The establishment of this bond can serve to create a stable interpersonal system capable of sustaining the child's future development. Strategies can include frequent home visits by facilitators as well as group meetings designed to provide information and exchange ideas, concerns, and practical demonstrations of specific childbearing techniques.

4. *Ages 4 through 6.* Efforts at parent education should continue with both home visits and group meetings as appropriate. The parent's status as a primary agent in supporting the development of the child should continue to be reinforced. Communication of information, exploration of attitudes, and acquisition of effective child-rearing behaviors continue to be emphasized.

5. *Ages 6 through 12.* During this stage the parent no longer serves as the child's principal teacher; therefore, home-school linkages become critical to continued intervention. The parent does continue to function as the primary person responsible for the child's total development. Intervention stresses this fact.

The report suggests that the early years of education be adult-oriented; but as children grow older, they should be included in the education process so that by the time they reach adulthood, they are ready to step into the role of parents.

Education for parenthood is a significant strategy for preventing potential child abuse and neglect. Programs, in fact, are under way around the country to help parents fulfill their role in a satisfying, responsible way. In special projects in New York State and in Colorado, expectant and new parents are being educated and prepared for parenthood so that they are ready to undertake the job of childbearing with realistic expectations and with practical knowledge that will help them deal effectively with their children. One available course, "Self-Awareness through Exploring Childhood," can help junior and senior high school students learn the basics of child development while they receive practical experiences in working with children. Programs such as the widely received Parent Effectiveness Training course and the STEP (Systematic Training for Effective Parenting) program help parents of older children develop a healthy relationship with their children.

Some factors influencing child abuse and neglect cannot be changed by educating parents: economic stress; pressures (like marital instability, family isolation) that weaken self-control and increase aggression; society's permissive attitude toward the use of physical force and punishment by those who care for children; and the lack of support systems for parents (e.g., the sharing of child care responsibilities with other adults). Prevention as a strategy for dealing with child abuse and neglect needs much more exploration and development. Education for parenthood, however, is an effective way to begin developing healthy family interaction.

Self-Awareness through Exploring Childhood*

Mary Farrell†

Every high school student will, at some point in the future, interact with children, either through parenthood, a career involving children, or as a citizen with the responsibility of making daily decisions that affect children.

Exploring Childhood is a curriculum designed for junior high and high school students in which the study of child development is combined with work with young children. It gives students (male and female) opportunities to develop competence with children and a framework for understanding the forces that shape human development.

The curriculum is divided into three sequences. Module I, *Working with Children,* explores some hypothetical field work situations through films, records, booklets, photographs, essays, and role play. Students can examine these situations, share insights, and think about how they would respond to children's behavior. In this way, they begin to gain confidence in their abilities and learn to depend on each other for encouragement and support. Guidelines for observing and for journal keeping are described in Module I and are continued throughout subsequent modules.

Module II, *Seeing Development,* is used once field work has begun. It explores the ways in which human beings develop and teaches some methods of viewing this development. Materials help students to understand patterns of development, to perceive individual differences in development, and to find ways to support the growth of children.

The final module, *Family and Society,* focuses on socialization of the child at home, in the community, and in the society. Materials help students understand and respect the traditions and styles of others and become aware of the role of society in their own lives. At the same time, these materials add to the students' understanding of children and their ability to work with them. A subject of special concern — how people who are pressured or upset deal with children — is also suggested for use with this module, when students have enough experience with children to bring a personal perspective to the problem.

Exploring Childhood maintains that any person responsible for the care of a child has insight worth sharing with others. Children, too, are helped to develop confidence when they receive one-to-one attention and appreciation for their individual backgrounds.

Although *Exploring Childhood* does not provide easy answers, it does facilitate the raising of questions and stimulates a sense of self and others. The program can be regarded not only as preparation for parenthood, but, also as preparation for living.

The versatility of the curriculum allows individuals representing a range of fields to design their own course or purchase materials that deal with special interests. *Exploring Childhood* has been tested in over 200 classrooms across the country.

*Based on *Family Life Developments,* No. 6, 1976.
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Systematic Training for Effective Parenting (STEP)

*Jennifer Birckmayer**

Systematic Training for Effective Parenting† is a nine-lesson program in parent education. The program is built upon concepts developed by Dr. Rudolph Dreikus in his book *Children: The Challenge* (Hawthorne Books, Inc., NY 11964). In addition, techniques for communicating with children similar to those advocated in Parent Effectiveness Training are also an important part of the STEP program. In STEP detailed parent and leader guides help participants examine the following principles:

- Understanding children's behavior and misbehavior
- Understanding of use of emotions to involve parents
- Differences between praise and encouragement
- Communication
  - Listening
  - Exploring alternatives
  - Problem ownership
- Developing responsibility (through logical consequences)

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†American Guidance Service Inc., Publishers Building, Circle Pines, Minnesota 55014. Approximate cost $70.

- Decision making for parents (selecting the appropriate approach)
- Family meetings

The STEP materials are well organized and attractively packaged in kit form. Cassette tapes, posters, charts, and a parents' handbook are clearly explained in the leader's guide. Each of the nine lessons is outlined in minute detail. Parents are given homework assignments to complete between meetings. The program requires a considerable investment of time, particularly from the leader who must be thoroughly familiar with all the materials. As with any packaged program in the sensitive area of parent education, prospective participants and leaders should scrutinize all the material carefully and critically. It will be particularly important to remind parents that a concept that is dramatically presented in vivid written and artistic form does not have to be believed or acted upon if it does not fit the parent's philosophy of child rearing.

The STEP program may well serve as an excellent springboard for discussion and will probably provide participants with several useful approaches to living more comfortably with their children. As long as the leader is firmly committed to leading parents through a careful evaluation of the STEP principles, encouraging vigorous applications of skepticism and common sense, STEP can provide exciting stimuli for parent discussion. On the other hand, presented by a leader as the only "right" way to bring up children, STEP would be as potentially dangerous as any other prescriptive approach to family life.

In summary then the advantages of the Systematic Training for Effective Parenting program are that it is:

1. a packet of well-organized, attractively presented parent education material in a
2. nine-lesson (1-1/2 hr per lesson) sequence designed to encourage
3. a nonprofessional leader to facilitate discussion among parents which results in
4. parents talking with other parents about the perils and pleasures of parenthood.

The disadvantage of STEP is that of any packaged program in parent education: it is easy to use it as prescriptive rather than as a stimulus to discussion. Appropriately used, however, STEP is a useful tool.

VII: Resources for a Caring Community

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People, Programs, and Organizations

People: Crisis Teams, Case Management Teams, and Support Teams

Diane Meier-Erne, Director, Alliance, 1654 W. Onondaga St., Syracuse, NY 13204.

Raymond Fortier, Deputy Commissioner, Department of Social Services, 230 William St., Elmira, NY 14903.

Ben Fanton, Child Protective Unit, Allegany County Department of Social Services, Belmont, NY 14813.

Michael O'Connor, Chairperson, Oneida County Pilot Project, 2701 Genessee St., Utica, NY.

Marjorie Vance, Director of Services, Tompkins County Department of Social Services, Ithaca NY 14850.

Programs:

Child Abuse Listening and Mediation (CALM), P.O. Box 718, Santa Barbara, CA 93102.

Family Focus, 180 West Maple, Birmingham, MI 48009.

Parents Anonymous National Office, 2810 Artesia Blvd., Redondo Beach, CA 90278.

Parents Anonymous Resource Office, (New York State) 121 N. Fitzhugh St., Rochester, NY 14614.

Visiting Friends Programs

Diane Meier-Erné, Director, Alliance, 1654 W. Onondaga St., Syracuse, NY 13204

Dana Ackley, Director, Mental Health Clinic, Mercy Hospital, Watertown, NY 13601.

Dr. Henry Kempe, Univ. of Colorado Medical Center, 4200 E. Ninth Ave., Denver, CO 80220.

Sally Mobley, Director, SCAN, 200 1/2 W. Main, Russellville, AR 72801.

Charlene Bennett, Director, Parent and Child Effective Relations, Juvenile Welfare Board of Pinellas County, 3455 First Ave. So., St. Petersburg, FL 33711.

Organizations:

Family Life Development Center, Martha Van Rensselaer Hall, Cornell University, Ithaca, NY 14853.

National Center for Juvenile Justice, 1309 Cathedral of Learning, Pittsburgh, PA 15260.

National Center on Child Abuse and Neglect, Donahue Building, 400-6th St. S.W., Washington, D.C. 20013.

Audiovisual (films, videotapes, cassettes, tapes)

Complete information on audiovisual materials may be obtained from *Child Abuse and Neglect Audiovisual Materials, October, 1977*, National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health, Education and Welfare, Washington, D.C.

The following four videotapes/films, developed by the Family Life Development Center are based on the experiences of the Onondaga County Child Abuse Program:

Child Abuse: A Total Treatment Perspective

Child Abuse: A Perspective on Parent Aides

Child Abuse: A Perspective on Being a Parent

A Conversation with Helen

Information on these and other audiovisual materials may be obtained from the Family Life Development Center Resource Exchange, MVR Hall, Cornell University, Ithaca, NY 14853.